Legal Status, Emotional Well-Being and Subjective Health Status of Latino Immigrants

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Among the many stresses that undocumented Latino immigrants experience, worries about their legal status and preoccupation with disclosure and deportation can heighten the risk for emotional distress and impaired quality of health. To better document these effects, this study examined the relationship between deportation concern and emotional and physical well-being among a group of Latino immigrants in a midwestern city. One-hundred-forty-three persons were recruited through community sources. Fifty-six participants (39%) expressed concern with seeking services for fear of deportation, while 87 did not endorse this concern. Measures of emotional distress, Hispanic immigrant stress and subjective health status were administered. Results indicate that Latino immigrants with concerns about deportation are at heightened risk of experiencing negative emotional and health states (particularly anger), Hispanic immigrant stress associated with extrafamilial factors and substandard health status. Findings inform policymakers of culturally relevant stressors of undocumented Latino immigrants that help to create and perpetuate the health and mental health disparities of this group.

Key words: Latinos ■ quality of life

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INTRODUCTION

At least 300,000–500,000 undocumented immigrants arrive in the United States each year.[1] Currently, there are about 4.5 million undocumented men, 3.2 million undocumented women and approximately 1.6 million undocumented children age <18.[2] The majority of the undocumented population (66%) resides in just six states: California (26%), Texas (12%), Florida (10%), New York (8%), Illinois (4%) and New Jersey (4%). Approximately 5.3 million or 57% of the undocumented immigrants in the United States are Latinos who come from Mexico. Another 2.2 million or 23% of the undocumented immigrants in this country are Latinos from other Latin American countries.

Latino immigrants tend to be fairly healthy upon their arrival in this country.[3] This is surprising given the well-documented association with poor health and low socioeconomic status.[4] This paradox does not endure over time, as the health advantage of Latino immigrants appears to deteriorate with acculturation towards the mainstream culture.[3] Although explanations for this phenomenon are still unknown, a number of unique stressors place Latino immigrants at increased risk for declining health status, including previous traumatic exposure in their homelands, separation from family, poverty, low levels of education, inferior job skills, English-language deficits, discrimination and prejudice.[5] Moreover, undocumented status for many Latino immigrants increases vulnerability to developing socioemotional problems that come from prolonged exposure to stresses.[6] It is this issue that is at the center of the present report—that is, the impact of the stress associated with undocumented status on the emotional and physical well-being of Latino immigrants.

While some of the stress experienced by undocumented Latino immigrants may be acute and of high magnitude during intense periods of time (e.g., when criminally victimized), other forms of stress may have low-grade magnitude but be more chronic (e.g., continuously oppressive work conditions, extended separation from families, social isolation).[5] The potential for job-related exploitation is especially pronounced when unscrupulous employers capitalize on the immigrant's sense of desperation and wariness about their legal status and may pay very low wages, not offer employee benefits and protections, and even withhold wages capriciously.[7,8] Thus, undocumented status is a stressor that may not rise to the level of acute stress on a daily basis but remains a persistent and insidious psycho-environmental stressor.

Where Latinos immigrate to and settle in may potentially augment the stress of being undocumented. Thus, for example, those who immigrate to areas of the country where Latinos do not have a substantial presence and live in small communities may find themselves living among drastically different social networks than those who immigrate to cities and towns with larger, more mature, established Latino communities.[9] In low-density environments and with few skills to operate unfamiliar contexts, undocumented Latino immigrants may have little choice but to live in some level of isolation, compounding their stress.[10,11]

In recent years, Latinos have immigrated to states and regions of the country that have not been traditional settling or gateway points for Latinos, such as Iowa, Nebraska, Louisiana, Georgia and North Carolina. In the midwest, for example, Latinos comprise only 9% of the total population.[12,13] In the metropolitan St. Louis, MO area, Latinos make up only 2% of the total population.[14] Undocumented Latinos in larger urban areas (e.g., Los Angeles, Houston) report less fear than those in smaller cities (e.g., Fresno, El Paso).[15] The location of our research provides a unique setting for studying the stress of being undocumented inasmuch as St. Louis is a city with a small population of Latinos—almost no Latino-specific social and health agencies, and few bilingual-bicultural service providers. Our theoretical assumption is that such a situation will lead to greater concerns with exposure and vulnerability to being identified by immigration authorities, thereby raising the fear of deportation that will, in turn, affect service use. For the purpose of the present report, we hypothesized that a sense of vulnerability to deportation will yield higher levels of emotional distress among those who express such concerns in comparison to Latinos who are documented or U.S. citizens or deny concerns with deportation. But cognizant that we represented powerful, privileged institutions that could reduce respondent trust and candor among undocumented Latino immigrants, we avoided direct queries about documentation or legal status. Instead, we elected to ask immigrants to simply endorse or not endorse ("yes" or "no") whether they had thought that visiting a social or government agency for assistance would lead to deportation. Using this approach, similar to the query used by Berk and Schur, we sought answers to several research questions:[14] 1) Are there significant differences in emotional distress of Latino immigrants who express concern with deportation and those who do not? 2) Are there significant differences in Hispanic immigrant stress between Latino immigrants who express concern with deportation and those who do not? 3) What are the associations among the following variables: concerns with deportation, gender, age, total number of years lived in the United States, and subjective health status for Latino immigrants? We selected these variables due to the likelihood that age and total number of years in the United States would be associated with health status.[15] Past studies have also reported gender differences in the development of health problems.[16]

METHOD

Sample

Seven Catholic churches who advertised worship services in Spanish were identified in a local community newspaper. All seven churches were contacted and informed of the study, and five granted permission to recruit participants following Sunday services. Brief announcements were made about the study, inviting volunteers to participate. Recruitment was also conducted at a community festival in a Latino neighborhood through the distribution of brochures. Follow-up questions were answered by the lead researcher for those participants who expressed interest. Similar methodologies have been reported as successful in prior research on undocumented immigrants.[17,18] Our sampling strategy effort occurred within Latino immigrant communities, which improved our ability to access this hard-to-reach population.

Participants were required to be ≥18 years and self-identify as being a Latino immigrant. Individuals who expressed interest in participating in the present study were asked to review a brief description that gave specific information about the study. In order to protect participants, no personal identifying information was collected, such as name, Social Security number, address, phone number or other characteristics. Formal written consent was not obtained because the survey was anonymous. Interested participants were given copies of the consent forms and were told that they would receive a $10 gift certificate to a local grocery store after they completed the survey. The consent forms were available in both English and Spanish and were provided to individuals based on their preferred language. All forms were reviewed by a certified translator. Once verbal consent was established, participants were provided with a copy of the survey and instructed to complete it at that time. Recruitment, informed consent and data collection procedures for this study were approved by the institutional review board for the protection of human subjects of Washington University in St. Louis. Recruitment and data were collected within a four-month period between February and May 2005.

Total church attendance of the five locations on the dates that data was collected was estimated at 450 members. Approximately 80 individuals attended the community festival. From these locations, 175 individuals expressed interest in the study, and 143 Latino adult immigrants agreed to participate in this study. Of the 32 who expressed interest but declined to participate, 10 were not Latino immigrants, seven individuals did not fit the age criterion, and the remaining individuals declined to participate because they did not have the time to take part.

Measures

Demographic questionnaire. Participants provided information on their date of birth, gender, education, employment status, marital status, birthplace and number of years lived in the United States. Education was assessed by asking participants to sum the number of years in their lives that they had attended school or studied full time. Participants were asked to list the kinds of employment they were presently engaged in. Participants were also asked to categorize themselves as married, divorce, widowed, separated, never married or partner in an unmarried couple.

Concern about deportation. This construct was examined by a single item. Participants who responded affirmatively to "I have thought that if I went to a social or government agency I would be deported" were identified as being concerned with deportation. A similar approach has been done in previous research.[14] Again, we used this approach to protect participants who might perceive their participation as potentially threatening to them.

Emotional distress. The Emotional Distress scale (ED) was selected as a measure of mood distress.[19] The instrument has brief item sets consisting of a series of descriptive adjectives, each of which is a mood descriptor. These items have been found to highly correlate with corresponding scales from the Profile of Mood States.[20] Respondents were instructed to indicate the extent to which they have had a particular feeling during the past week, including today, selecting from response choices that range from "not at all" (1) to "extremely" (5). We computed a distress composite on the average of the Anxiety, Depression and Anger subscales. Previous studies have used the same distress composite to measure psychosocial factors of low-income Latino women receiving treatment for breast cancer.[21] Alferi et al. reported alpha reliabilities between 0.66 and 0.85 at five time points demonstrating good psychometric properties of the scale when used with Latino groups.[21] The construct equivalence of this measure in both English and Spanish has been confirmed.[21] For depression, anxiety and anger, Cronbach's alpha, respectively, was 0.70, 0.62 and 0.72.

Hispanic immigrant-related stress. The Hispanic Stress Inventory (HSI) is a culturally appropriate measure constructed to examine stress in both Latin American immigrants and U.S.-born Latinos.[22] The HSI-Immigrant Version (HSI-I) consists of 73 items and five distinct subscales that assess psychosocial experiences on five dimensions—namely, occupational/economic, parental, marital, immigration and familial/cultural. An abbreviated HSI-I version was used in the present study.[23] The abbreviated HSI-I is a 17-item scale that contains two subscales. The Intrafamilial Stress subscale measures hassles that arise from within a family context such as conflicts associated with parental, familial and marital responsibilities (e.g., "I have felt that my children's ideas about sexuality are too liberal"). The Extrafamilial Stress subscale assesses stress that arises from outside the family context, which includes economic and occupational challenges (e.g., "Because I am Latino I have been expected to work harder"). Cronbach's alpha for the two factors were 0.86 for intrafamilial stress and 0.87 for extrafamilial stress. Convergent validity of the abbreviated HSI-I revised was supported with moderately positive relations through self-report measures of depression, anxiety and anger mood levels.

Subjective health status. Participants were asked to

Table 1. Demographic characteristics of the Latino participants in a community survey (N=143)

	Mean (SD)	N (%)
Age	38 (10.66)	
Education (Years)	10.95 (4.78)	
Years in the United States	9.24 (7.58)	
Gender		
Female		80 (56%)
Male		63 (44%)
Country of Origin		
Mexico		126 (88%)
Other		17 (12%)
Marital Status		
Married		93 (64.6%)
Single		27 (18.8%)
Other (e.g. divorced, widowed)		23 (16.6%)
Living Status		
Alone		15 (10.4%)
With a romantic partner or spouse		78 (54.2%)
With friends		18 (12.5%)
With family		22 (15.3%)
With romantic partner and family		3 (2.1%)

provide a rating of their subjective health status by answering the question, "What is your own assessment of your present state of health?" Response choices included good, reasonably good, average, rather poor and poor. The use of a single item to measure health status has been shown to be a valid measure for health-related quality of life and a robust predictor of clinical outcomes and mortality across multiple diseases and populations.[14,15,25]

RESULTS

All participants of the study opted to complete the Spanish version of the survey. As shown in Table 1, the majority of participants were females (56%) with a mean age of 37 years (SD=10.66) and about an 11th-grade education (M=10.95 years; SD=4.78 years). The vast majority were from Mexico (88%), had lived in the United States for about 9.24 years (SD=7.58) and two-thirds were married. Most lived with spouses, romantic partners, family or friends (89.6%).

Fifty-six Latino immigrants (39%) of our sample responded affirmatively to the item, "I have thought that if I went to a social or government agency I would be deported." Subsequent analyses compared this group with the 87 who responded negatively to the item. We interpreted a negative response as indicating that participants were citizens, legal residents or denied being undocumented. There were no means to definitively ascertain our sample's legal status.

On average, participants who responded affirmatively to concern over deportation were 35 years of age with about 11 years of education and U.S. residency of 7.48 years; most of them were married (64%). Of the total sample, nearly 42% of females and 37% of males reported concern over deportation. In comparison, participants who denied concern over deportation were significantly older (mean=39 years; $p \leq 0.05$) but similar in years of education (11 years). These participants had resided in the United States for a significantly longer time (mean=11.28; $p \leq 0.05$), and the majority of them were also married (66%).

An analysis of variance (ANOVA) was used to determine whether the mean level of emotional distress differed depending on participants' report of deportation concern. One way ANOVAs showed that Latino immigrants concerned with deportation were more likely than Latino immigrants unconcerned with deportation to report feeling angry, ($F(1,134)=4.903$, $p \leq 0.05$). Means were 2.22 (SD=0.830) for concerned Latino immigrants and 1.91 (SD=0.753) for unconcerned Latino immigrants. No significant differences were found in depression or anxiety between the two groups.

ANOVAs were also used to determine if there were mean differences in the abbreviated HSI-I between Latino immigrants who expressed concerned with deportation and those who did not. Latino immigrants concerned with deportation reported more extrafamilial stress ($F(1,137)=10.377$, $p \leq 0.05$) than Latino immigrants unconcerned with deportation. Means were 2.16 (SD=0.916) for concerned Latino immigrants and 1.69 (SD=0.810) for unconcerned Latino immigrants. No significant differences were found in intrafamilial stress between the two groups.

Lastly, we examined a model predicting participants' report of subjective health status. Fifty-two percent (N=44) of Latino immigrants unconcerned with deportation rated their health as good, 20% (N=17) as reasonably good, 24% (N=20) as average and 4% (N=3) as rather poor. In comparison, 41% (N=23) of Latino immigrants concerned with deportation rated their health as good, 18% (N=10) as good, 32% (N=18) as average, and 9% (N=5) as poor.

In order to examine associations among subjective health status, deportation concern, gender, age and number of years of residency in the United States, we compared the results of the Ordinal Regression method and OLS regression. Both analyses resulted in almost identical p values; therefore, we reported on the results of the OLS regression for ease of interpretation.

A multiple linear regression analysis was conducted, using subjective health status as the outcome variable and deportation concern groupings, gender, age, and number of years resided in the United States as independent variables. In the regression model, two variables were found to be significant predictors of subjective health status, the overall $F(4, 125)=3.579$, $p \leq 0.001$, $R^2=0.103$ (Table 2). In combination, the predictors explain 10.3% of the variance in subjective health status. Deportation concern was a significant predictor of subjective health status with the mean subjective health score being larger (equaling poorer health) for those concerned with deportation. Our findings further indicated that age also predicted subjective health status.

Table 2. Predictors of subjective health status for all Latino immigrants (N=130[a])

Variable	B (Slope)	Standard Error	Beta	P
Deportation concern	0.407	0.176	0.202	0.022
Gender	-0.171	0.167	-0.087	0.308
Age	0.023	0.009	0.238	0.008
Number of years lived in United States	0.013	0.013	0.095	0.287

a: Number is smaller than total sample of the participants (N=143) due to missing information on ≥1 of the variables of interest.

Not surprisingly, participants were more likely to report worsened health with increased age.

DISCUSSION

It is now relatively well established in the scientific literature that the stresses that Latino immigrants experience as a result of entering and adapting to a new society raise their risk for physical and emotional problems.[22-28] The single most common reason that Latinos give for immigrating is to seek economic opportunities.[29] Other reasons cited are to improve the educational futures of their children and provide financial support for their families "back home." Once immigrated, a substantial number of Latinos find jobs that are unsteady, low paying, oppressive and often physically unsafe. Economic difficulties, language limitations, separation from family and cultural barriers also render the immigration and settlement process a stressful one.[26,27] Furthermore, immigrant stress is compounded for those persons who are undocumented because of the constant fear of exposure and deportation.[14] In our study, more than a third of the sample (39%) indicated that they did not visit social or government agencies for fear of deportation, leading us to assume that they are undocumented immigrants. Even when undocumented immigrants need psychological, social and medical services, they may not come forward, wary that they will also come to the attention of immigration authorities and face deportation.

For those immigrants who are undocumented, the day-to-day feeling of vulnerability to immigration laws and the sense of "being hunted" by law enforcement officials may never dissipate even with longer lengths of time lived in the United States. As well, the wariness to seeking services can augment the impact of the stress of being undocumented on emotional well-being and health status. Accordingly, Latino immigrants concerned about deportation in our sample were at heightened risk of experiencing negative emotional states, particularly anger and Hispanic immigrant stress associated with extrafamilial factors. By examining extrafamilial stress, we measured challenges related to economic and occupational issues. For example, Latino immigrants concerned about deportation reported more stress associated with such matters as being forced to accept low-paying jobs, difficulties finding desired employment, and challenges with getting promotions or salary raises than unconcerned Latino immigrants. These results occur in an expected direction. It is logical to assume that Latino immigrants with questionable legal status in this country would experience challenges with their financial situation and employment opportunities. Furthermore, one's inability to proactively confront these concerns raises their sense of helplessness and leads to feelings of frustration and anger, as suggested by the findings of our study.

Our study also shows that deportation concern is associated with subjective health status among Latino immigrants. Previous studies have linked undocumented status with fear of seeking medical services.[14] Yet, our study is the first of its kind, to our knowledge, that investigates the relationship between deportation concern and a person's self-report of subjective health status. Our findings demonstrate the tendency of being in poor health increases as one reports fears of being deported. These results lead us to believe that Latino immigrants concerned with being deported may be limiting their use of healthcare services despite their need to utilize such resources. It is this behavior that may be negatively impacting a person's overall quality of health. These results contribute to the recent literature on the Latino paradox, which has begun to question whether all Latino groups enjoy a health advantage.[30,31] The differences we found in health status among our participants suggest that the well-documented health benefits of Latinos do operate differently among immigrant subgroups. Future studies can work towards identifying additional risk factors besides documentation status that may impact the health and well-being of Latino immigrants.

The generalizability of our findings and the extent of recommendations we can make for community psychology and public health are limited by several methodological issues. Our sample was restricted largely to Mexicans attending Catholic church services in a small geographic section of the research site. Thus, how other Latinos in the community express concern about deportation remains a consideration for future research. We also had to infer undocumented status by a single item about seeking services and fear of deportation. Furthermore, questions regarding racial prejudice and discrimination were not queried and could very well be impacting the health and well-being of our participants. Lastly, we did not ask participants if they knew of the availability of local community health services that provide care to indigent populations, including those who are undocumented. These limitations point to future research directions. We can infer neither causal directionality nor potential long-term effects of documentation status without longitudinal data. Certainly, larger, more diverse immigrant samples—both documented and undocumented—can answer questions that naturally arise from studies such as ours.

Notwithstanding such limitations, some practice and policy-related implications can be discerned from our study. Community service providers must find creative ways of reducing the mistrust that undocumented immigrants hold that keeps them from availing themselves of services. Bilingual, bicultural professional staff augmented by outreach by lay community persons who have entrée into communities may be the single most effective avenue for bringing immigrants into services. Local policies enacted to protect, preserve and enhance the public's health must be amplified to encompass those

who may be undocumented. Literature that examines documentation status, deportation fears and their impact on psychological, social and physical well-being is relatively scarce. This study is but one step toward informing our understanding of the undocumented immigrant experience and the stresses they encounter.

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